

Department of Community Health
EMS and Trauma Systems Section
Emergency Medical Services Personnel
P.O. Box 30717
Lansing, MI 48909
(517) 241-0179

REQUEST FOR INFORMATION CRIMINAL CONVICTION HISTORY

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Your application for licensure in Michigan indicates that you have been convicted of a misdemeanor or felony. Additional information is necessary prior to further processing. Please complete this form and return it to the address above. Processing of your application is being delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License #	Type of license you are applying for:

Conviction #1 Information

Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State and Court of Jurisdiction
Sentence
Please check, if applicable, and give date <input type="checkbox"/> Expunged on ____/____/____ <input type="checkbox"/> Annulled on ____/____/____

Conviction #2 Information

Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State and Court of Jurisdiction
Sentence
Please check, if applicable, and give date <input type="checkbox"/> Expunged on ____/____/____ <input type="checkbox"/> Annulled on ____/____/____

NOTE: The back of this form may be used if you have more than two convictions.

CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.